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Examiner: Christopher L. Chin
Technology Center: 1641
Fax No.: (703) 872-9306
USSN: 10/038,245
Filed: 10/24/2001
Inventor(s): Parce et al.
Title: High Throughput Screening Assay Systems in
Microscale Fluidic Devices
Document(s): Transmittal Form (1 page)
Extension of Time Request, 2 copies (2 pages)
Amendment and Response (7 pages)

Total Number of Pages, including Certificate: 11

On March 15, 2005


Signature

Donald R. McKenna
Typed or printed name of person signing Certificate

PTO/SB/21 (02-04)

Approved for use through 07/31/2008, OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/098,245
		Filing Date	10/24/2001
		First Named Inventor	J. Wallace Parce
		Art Unit	1641
		Examiner Name	Christopher L. Chin
Total Number of Pages in This Submission		Attorney Docket Number	10000344

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation (2) <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please charge Deposit Account No. 03-0177 for any additional fees associated with this paper or draft		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. McKenna, Reg. No. 44,922
Signature	
Date	3/15/05

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Donald R. McKenna	
Signature		Date 3/15/05

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 100/00344										
<table border="1"> <tr> <td colspan="2">In re Application of Parce, et al.</td> </tr> <tr> <td>Application Number</td> <td>10/098,245</td> </tr> <tr> <td colspan="2">For High Throughput Screening Assay Systems in Microscale Fluidic Devices</td> </tr> <tr> <td>Art Unit</td> <td>1841</td> </tr> <tr> <td colspan="2">Examiner Christopher L. Chin</td> </tr> </table>			In re Application of Parce, et al.		Application Number	10/098,245	For High Throughput Screening Assay Systems in Microscale Fluidic Devices		Art Unit	1841	Examiner Christopher L. Chin	
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 1,020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card, Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-0177.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 44,922</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>3/15/05</u> Date</p> <p><u>Donald R. McKenna</u> Signature</p> <p>850-624-0737 Telephone Number</p> <p>Donald R. McKenna, Reg. No. 44,922 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 2 forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1,020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 100/00344

In re Application of Parce, et al.

Application Number 10/038,245 Filed 10/24/2001

For High Throughput Screening Assay Systems In Microscale Fluidic Devices

Art Unit 1641 Examiner Christopher L. Chin

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

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<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1,020.00</u>
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<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>09-0177</u> .	

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,922</u>
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3/15/05

Date


Signature

650-624-0737

Telephone Number

Donald R. McKenna, Reg. No. 44,922

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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